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Some Successful Results in the Treatment of Epilepsy.

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SOME RESULTS IN THE TREATMENT OF EPILEPSY.

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A few days ago, a medical friend jokingly said, "You neurologists see a lot of very interesting cases, but you can't do anything for them." My friend was a surgeon and has a surgeon's materialistic turn of mind. The immediate results of a surgical operation appeal very strongly to many minds, and, with the phenomenal advances which surgery has made in the past twenty years, there has spread through the profession a distrust of medicine and a skepticism in regard to any but surgical or mechanical methods. Nevertheless, it remains true that all the physiological processes of the body, every function whose wrong action makes the physician necessary at all, every one of these consists in dynamic activities which are not mechanical, which elude all surgical procedures, which even the microscope cannot make visible. When surgery shall have won its final victories there will remain still the whole field of deranged physiological activity for the study of the therapeutist.

If we plain physicians cannot bring about results fully as successful and as permanent as those accomplished by the surgeon, we ought to take in our shingles and take up with more productive labor.

The present tendency to surgical, or mechanical, methods of treatment is simply the swing of the pendulum of professional opinion to its extreme divergence. Hence result many useless operations, both in brain and abdominal surgery, operations neither justified by the symptoms previous to operation nor the results after it. There is abundant evidence that the more careful and judicious surgeons, as well as physicians, recognize this, and we may believe that professional opinion is beginning to return to the line of true therapeutics.

On the other extreme, we find the physicians who fall into routine ways of drugging their patients. Here again, just as disastrous results follow as from unwarranted operations.

The following cases illustrate both the disastrous effects of unwise routine treatment and the positive results which careful medicinal and hygienic treatment can effect.

I have chosen epilepsy because it is of frequent occurrence, and in no form of nervous disease do routine methods of treatment more uniformly prevail. The particular routine treatment is that by bromides. That it should be so is not to be wondered at, for the text books, with great uniformity, give the bromide treatment and allude to any other treatment purely as secondary. The impression which the reader gets is that the other matters of treatment are of little value, hardly worth mentioning. For example, Starr in his *Familiar Forms of Nervous Disease*, says: "the chief reliance in the treatment of epilepsy must be in the use of the bromides." He then mentions tincture of simulo with scant approbation; states that "antifebrin has been tried in a number of cases without any favorable result." He advises inhalations of nitrate of amyl and nitro glycerine, or codeine given *with* the bromides and chloral. This completes the therapeutic resources in a work published in 1891.

Hare, in his handbook on epilepsy, is more generous; he notices digitalis and belladonna, but practically considers them simply as adjuncts to the bromide treatment. Cannabis Indica meets with his endorsement. Opium he condemns, and justly. Zinc he has no confidence in, nor has he in nitrate of silver. He speaks in more positive terms of the value of antifebrin or antipyrine than of any other drug except the bromides, but his main reliance is the bromides. I think any reader of Hare would naturally put his whole faith in bromides. He puts it this way: "There is no other drug known which can be relied on so absolutely, or which is so powerful in its action and devoid of *marked toxic effect* unless given in enormous doses," as the bromides. The general practitioner, then, is well justified in going straight on with the bromides, and yet I venture the assertion that the routine use of the bromides has been as

disastrous to many patients as the unchecked progress of their epilepsy could have been. I believe further, that the bromides, as commonly used, are worse than the disease. No one has died suddenly of bromide poisoning, but that the bromides have toxic effects is, unfortunately, too evident.

To illustrate: On December 30, 1891, I was consulted by J. K., aged 30 years, married five years previously, a well-to-do merchant, of excellent physical development and undoubted good habits of life. In February, 1887, the first convulsion occurred, followed at long intervals by three others. Three years ago, however, he began to have what his family knew as "dazed spells," periods of transient unconsciousness, during which his conduct was irrational and he evidently had delusions; evidently attacks of petit mal. These occurred with varying frequency for three years, but steadily increased in number until, when he came under my care, he was having them every day, and often several times a day. When he came to me, he had almost complete loss of sexual power, and his mental condition was that which made the most serious feature in his condition. His memory was utterly unreliable and his mental processes sluggish. He had been obliged to wholly abandon any attempt to conduct his business affairs. He had been steadily under treatment, first under physicians in the vicinity of his home and, later, under specialists in Chicago, and, as far as I could learn, the treatment was that of the bromides first, last, and all the time. When the loss of memory had become so profound, he went to Chicago and was told by his physicians to continue the same bromide mixture. I should have mentioned that the patient was tormented by profuse, or, as he termed them, "drowning" night sweats and nocturnal tremor.

The case seemed to me one of "marked toxic effect" of bromides. The patient was ordered to stop bromides absolutely; was put upon atropia gr. $\frac{1}{120}$ *t. i. d.*, and given three grains of chloral hydrate at bedtime. Ten days later I noted "no spell in last eight days;" "no night sweats." This plan was continued until the end of March when quinine in tonic doses was added. The friends of the patient were well pleased with

the general progress of the case, although attacks of petit mal recurred at intervals of from six to ten days. The treatment, varied to suit the exigencies, consisted essentially in atropia and tonics, but no bromides, except on one occasion, when brom. potass., gr. 15, and chloral, gr. 5, were given for a few doses to control headache. Fld. ext. cimicifuga had no effect on the attacks of petit mal, but caused severe headaches. In July, 1891, seven months after he began treatment, I first put him upon antifebrin. Up to this time the petit mal kept along at a frequency, much better to be sure, than while he was saturated with bromides, but still discouraging in its persistence, about once a week. The subsequent course of the affair was much more gratifying. The intervals began to grow longer, the memory to return decidedly, and I can report to-day that the patient has had no spell since November 21, 1891. He has resumed full control and responsibility in his business, his memory is perfect, except that there is a period in his life (that of bromide intoxication) of which he has no recollection. The treatment has been that started nearly two years ago, that is to say, he has kept up steadily either antifebrin alone, or with phenacetine. He now takes a small dose of antifebrin and phenacetine twice a day.

Such a case demonstrates two things. First, that bromides have "marked tonic effects," and, second, that medical therapeutics are as efficient as surgical.

Here is another, kindly sent to me by Dr. McKenzie, of Essex, Ont. Young married man, aged 30, foreman in a mill, of good habits and good heredity, began by having an epileptic convulsion in bed, October 21st, 1888. He had been felled by blow of an axe upon his forehead twelve years before the first fit. He had also "lived with a headache in both temples" for some three years before the first fit. The convulsions recurred at intervals varying from ten to four months. Here again, as in the last case, attacks of petit mal came on, during which patient wandered off to considerable distances—the unconsciousness evidently lasting half an hour or more. The mental failure, although not so profound as in the first case described, was cause of concern. An abundant bromide acne

corroborated the patient's account of steady use of bromides, and the progressive frequency of the spells showed the inefficiency of the routine treatment.

The bromides were at once discontinued—patient put upon arsenic and fl. ext. cimicifuga, with considerable benefit, due, as I now believe, chiefly to cessation of bromides. In August, '91, he was put upon phenacetine and salol, after which the improvement became well marked. I lost track of him until March 6th, 1893, when he turned up again with this history. He had kept himself supplied with his capsules, and had gone some 18 months without a severe convulsion, and with only a rare and very transient spell of petit mal, so that he became confident, stopped medication, and, a day or two before he came to see me, had a fit. He is now ready to go on with his phenacetine.

The case, while not as marked an illustration of the ill effect of bromides as No. 1, shews this: that fully as good results were obtained by antifebrin and phenacetine as the most ardent supporter of the bromide plan would claim.

In August, '92, a young business man was referred to me by my friend Dr. Burr. He gave a history of having been obliged to abandon business, of having spent $2,400 in a long visit to California in search of health, and returned to Detroit, both himself and friends utterly discouraged.

He had frequent epileptic attacks, as many as three a day, during which he became wholly unconscious. In falling, he fell forward, and the right side stiffened more than the left. The most serious phase or his trouble, however, was his mental state; he had become forgetful and mentally inert to a degree which quite precluded him from attending to his business; besides this he was becoming ugly, so that his wife needed to avoid crossing him in any way. Corresponding with this mental state, his facial expression was almost nil; ptosis well marked, face suffused. The man's whole appearance and demeanor, his mode of speech and gait, as well as the history given, joined to make a complete picture of a nervous system rapidly degenerating. The prognosis was given as very doubtful. A feature in the case, of which the patient himself made more complaint than anything else, was a troublesome dyspepsia. He

brought a history, as usual, of bromides, and also of iodides. What is the result to-day? I received a check from him on May 5th, '93, and on the back of the bill this pleasant endorsement: "I'm too busy to come and see you, but am able to sign checks." In brief, the young man is hard at work in his old business; has set up housekeeping; his facial expression is that of an active, interested man; he has had no convulsion since September, '92.

Guided by previous experience, he was ordered at my first visit to discontinue his bromides; was put upon salol and phenacetine, which he has continued in lessened doses up to the present time, although now he takes a capsule only at irregular times. He judges by his own sensations—a headache, a fullness over the eyes, or a little increase of nervous irritability, he takes a few capsules.

I have given these cases, because long enough intervals have elapsed to demonstrate some permanency of action as regards the epilepsy, and also to demonstrate the absence of deleterious effect upon the mental state. I could add to the list many cases of short duration, which would not suffice to satisfy my hearers, on account of the comparatively short duration of the term of freedom from convulsion. At the same time, this experience has satisfied me that in properly selected cases, antifebrin or antipyrine, or phenacetine, are most efficient drugs.

One case will well illustrate the grounds of my belief. Mrs. K. T. was referred to me by Dr. J. H. Carstens. She had been sent to him in the hope that her epilepsy could be cured by removal of her ovaries. Dr. Carstens refused to operate because he could not satisfy himself that there was a connection between the state of the ovaries and the nervous disorder, clear enough to warrant the operation. The fits had been going on for fourteen years. When she came to me, she had attacks of pitit mal from once to three times a day. This case was at once put upon antifebrin and phenacetine. Improvement was prompt, she remained in the city some six weeks, felt so much better and confident, that she returned home and resumed her domestic activities. The last report I had from her was that she was well, except that about once a month she still has an

instantaneous "flash of unconsciousness." Surgery could hardly have done better; yet such cases as this have been the warrant for many an ovariotomy.

To sum up: I believe that the routine use of bromides does serious harm. That is a serious mistake to go doggedly on with bromides, in any case in which the attacks of grand mal, but more especially of petit mal, persist or increase in frequency while the patient is taking bromides.

I believe that bromides should be given in full doses to begin with; that, if they are to prove of benefit in a given case, the good effect will be promptly shown. The dose should then be diminished, and always carefully watched. Failure of memory, mental torpor, change of character, are worse things than an occasional explosion, and when the toxic effects of the drug first appear it ought to be stopped at once. I believe we have in antifebrin and its analogues a group of remedies which form efficient substitutes for the bromides. They can be given for long periods with marked benefit, and their use is without any deleterious effect upon the mental state. This alone gives them an immense advantage over the bromides. One precaution, however, must be observed; the drugs need not be given in large doses, but there are persons on whose circulatory apparatus even moderate doses exercise a depressing effect. Such cases are not fit for the antifebrin treatment.

That the antifebrin group has a profound power over the cerebro-spinal axis is demonstrated by the effect which we so well know upon reducing temperature. My experience with this class of remedies in diabetes has corroborated my reliance upon them, and certainly the experience upon which this paper is based, goes far to prove that prompt and thoroughly satisfactory effects in controlling the epileptic explosion can be expected.